PRINTED: 07/01/2008 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		09G071	B. WING		06/1	1/2008
NAME OF P	ROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE 1034 BURNS ST., SE WASHINGTON, DC 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
W 000	INITIAL COMMENT	rs	W 000			
W 124	9, 2008, through Ju fundamental survey of three clients was population of six ma and other disabilitie based on observatione day program, ir records, including u 483.420(a)(2) PRORIGHTS The facility must en Therefore the facility parent (if the client of the client's medicand behavioral states.)	vey was conducted from June ne 11, 2008, using the process. A random sample selected from a residential ales with mental retardation s. The survey findings were ons in the group home and at a terviews, and a review of musual incident reports. TECTION OF CLIENTS sure the rights of all clients. It is a minor, or legal guardian, and condition, developmental cus, attendant risks of the right to refuse treatment.	W 124		100 JUL 10 P 3: 08	HEATH TO THE HEATH
	Based on interview failed to ensure the their legal guardian medical condition, ostatus, attendant risto refuse treatment, (Clients #2 and #3) The findings include 1. The facility failed revealed Client #3's	s not met as evidenced by: and record review, the facility rights of each client and/or to be informed of the client's levelopmental and behavioral lks of treatment, and the right for two of the three clients included in the sample.	ı			
	administering them.					
		STREETING PERPENATURES SIGN				11008

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA 'DENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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W 124	physician's orders: February 14, 2008 hour prior to visual 2008. Review of the Administration Recoverified the sedation February 15, 2008. December 17, 2007 to audiology appoin corrosponding MAF the sedation was ac 2007. Interview with the Q Professional (QMRI AM revealed Client informed consent for habilitation services verified on June 11, review of Client #3's dated November 1, assessment, Client independent decision plan, financial affair placement." The Q client had a legal guidecision making. Interview with the facontinued review of 10, 2008, at 3:29 Pl received the sedation afforementioned menurse further reveal guardian had not be	vealed the following written - Ativan 3 mg by mouth one evaluation on February 15, e corrosponding Medication ord (MAR) for February 2008 in was adminstered on	W 124	1. The QMRP will ensure that legal guardians assigned by the courts or family members are informed when any sedation is recommended for all individuation the home. The medical guardians been contacted and information the sedation used for client #3 medical guardian has come on the home to discuss the sedations used and appointments that a be scheduled that have been recommended for the use of sedation. Once the appointments have been scheduled by the client #3 has agreed to sign conformed for the use of sedation. In the future the legal guardian that appointed by the courts or farmembers will be made aware recommendation for the use of sedation within 48 hours of the occurrence for any individual the home07/08/08	s sals in lian med of . The ut to on re to ents harge or is mily of all of eir in	

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
W 124	the sedation prior to 2. The facility failed revealed Client #2's informed of his psyrits use. Observation of the administration on Jr PM revealed Client Hydroxyzine HCL. the medication administration acceived the medication and the CAM revealed Client informed consent for habilitation services verified on June 11 review of Client #2's dated March 26, 20 assessment, Client independent decision plan, financial affair placement." The Occient had a legal gradecision making. Review of the client additional interview	guardian had been informed of o their use. If to provide evidence that is legal guardian had been chotropic medication prior to evening medication prior to evening medication une 9, 2008 beginning at 5:25 #2 received Topomax and Interview with the nurse during hinistration revealed the client ations to address his OMRP on June 9, 2008, at 8:30 #2 was not capable of giving or the use of medications and is. The QMRP's statement was, 2008, at 11:40 AM through is Psychological Assessment was a Psychological Assessment was in not able to make one concerning his treatment is, living arrangements, or day with the quardian to assist him in	W -	124	W124 2. The QMRP will ensure that the legal guardians assigned by the courts or family members for all the individuals in the home be informed of the use of psychotrogmedication on an annual basis. The mother of client #2 has come and signed the consent for the us of psychotropic medication form. In the future the QMRP will ensuthat all legal guardians assigned the court or family members are informed of the use of psychotrogmedications to address their behavioral concerns, the side effects associated with the medications and their right to refuse treatment of the medication for the purpose of addressing behavioral concerns	of pic e e ure by pic	
4. 20 032 2	treatment needs, in potential side effect medications, and the	to him and a legally	+ *950.038043	13 C)	, to .	. W.	៤ ឧស្សាស្រ

NAME OF PROVIDER OR SUPPLIER B R A SIMMARY STATEMENT OF DEPROSECTION (EACH DEPROCESS OF WILLY STATE ALP CODE 1034 BURNS ST., SE WASHINGTON, DC 20019 PRETX (EACH DEPROCESS OF WILLY STATE ALP CODE 1034 BURNS ST., SE WASHINGTON, DC 20019 PRETX (EACH DEPROCESS OF WILLY REGULATORY OR LSC IDENTIFYING INFORMATION) W 124 Continued From page 3 3. The facility failed to ensure a system/protocol had been maintained at the day program to address Client #35 behaviors. Observation of Client #3 at his day program on June 10, 2008 beginning at 10-43 AM revealed the client seated at a table with staff in the craft/jewelry center. At 10-45 AM, staff was observed to them the table and the floor and threw them. The staff member was then overheard to say, "ok ok, you are not going to do no work." It should be noted that one of the objects from the table and the floor and threw them. The staff member was then overheard to say, "ok ok, you are not going to do no work." It should be noted that one of the objects the client threw nearly hit Client #2, who was seated at the table behind him. At 10-46 AM, the staff member asked Client #3 if he wanted to go to the music room. The client then compiled and left the craft/jewelry center to go to the music room. At 10-50 AM, the client was observed in the music room. The client then compiled and left the craft/jewelry center to go to the music room. At 10-52 AM, the staff member was observed in the music room and exit the day program in the back door. At 10-52 AM, the staff member was observed to leave the back door. At 10-53 AM, the client and staff person were observed to re-enter the day program and the bome as well as in the day program and for all individuals07/02/08		F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE S	
STREET ADDRESS, CITY, STATE, ZIP CODE 1034 BURNS \$1, 58 WASHINGTON, DC 20019 (EACH OREFCICENCY MUST RE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) W 124 Continued From page 3 3. The facility failed to ensure a system/protocol had been maintained at the day program to address Client #3 behaviors. Observation of Client #3 at his day program on June 10, 2008 beginning at 10:43 AM revealed the client seated at a table with staff in the craft/jewelry center. At 10:45 AM, staff was observed to attempt to engage Client #3 in an activity, but the client refused and picked up some objects from the table and the floor and threw them. The staff member was then overheard to say, "Ok Ok, you are not going to do no work." It should be noted that one of the objects the client threw nearly hit Client #2, who was seated at the table behind him. At 10:46 AM, the staff member asked Client #3 if he wanted to go to the music room. The client three nearly in Client #3 was observed to bite his hands and kick a chair. The client then complied and left the craft/jewelry center to go to the music room. The client was observed to take one of his bibs off and throw it onto the floor. After which, the client was observed to the music room and exit the day program using the back door. At 10:52 AM, the staff member was observed to re-enter the day program and the home exist and behaviors doncerns are addressed as needed in a timely manner in the home as well as in the day program and the home exist and behaviors doncerns are addressed as needed in a timely manner in the home as well as in the day program and the home exist and behaviors doncerns are addressed as needed in a timely manner in the home as well as in the day program and the home exist and behaviors doncerns are addressed as needed in a timely manner in the home as well as in the day program and the home exist and behavioral concerns are addressed as needed in a timely manner in the home as well as in the day program and the home exist and behavioral concer			09G071			06/	11/2008
W 124 Continued From page 3 3. The facility failed to ensure a system/protocol had been maintained at the day program to address Client #3's behaviors. Observation of Client #3 at his day program on June 10, 2008 beginning at 10:43 AM revealed the client seated at a table with staff in the craft/jewelry center. At 10:45 AM, staff was observed to attempt to engage Client #3 in an activity, but the client refused and picked up some objects from the table and the floor and threw them. The staff member was then overheard to say, "ok ok, you are not going to do no work." It should be noted that one of the objects the client threw nearly hit Client #2, who was seated at the table behind him. At 10:46 AM, the staff member asked Client #3 if he wanted to go to the music room. The client the table and kick a chair. The client then complied and left the craft/jewelry center to go to the music room. The client was observed to the nusic room. The client was observed to the music room. The client was observed to the music room and exit the day program using the back door. At 10:50 AM, the staff member was observed telling Client #3 it was too hot to be outside. At 10:53 AM, the staff member was observed to the objects AM of the staff member was observed to re-enter the day program. At 10:55 AM, Client #3 was observed to attempt to leave the day program as observed to re-enter the day program and the home exist and behavioral concerns are addressed as served to a tempt to leave the day program as observed to re-enter the day program and the home exist and behavioral concerns are addressed as a client #3. The delay program for all individuals07/02/08		ROVIDER OR SUPPLIER			1034 BURNS ST., SE		11/2000
3. The facility failed to ensure a system/protocol had been maintained at the day program to address Client #3's behaviors. Observation of Client #3 at his day program on June 10, 2008 beginning at 10:43 AM revealed the client seated at a table with staff in the craft/jewelry center. At 10:45 AM, staff was observed to attempt to engage Client #3 in an activity, but the client refused and picked up some objects from the table and the floor and threw them. The staff member was then overheard to say, "ok ok, you are not going to do no work." It should be noted that one of the objects the client threw nearly hit Client #2, who was seated at the table behind him. At 10:46 AM, the staff member asked Client #3 if he wanted to go to the music room. The client then complied and left the craft/jewelry center to go to the music room. At 10:50 AM, the client was observed to take one of his bibs off and throw it onto the floor. After which, the client was observed to leave the music room and exit the day program used observed with Client #3 outside. The staff member was observed to leave the music room and exit the day program using the back door. At 10:55 AM, the client and staff person were observed to re-enter the day program. At 10:55 AM, Client #3 was observed to attempt to leave the day program. At 10:55 AM, Client #3 was observed to attempt to leave the day program again, but the	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETION
staff person assisting him explained that it was too hot to go outside. The client subsequently went back to the music room and threw a chair. Interview was conducted with the day program	W 124	3. The facility failed had been maintaine address Client #3's Observation of Clie June 10, 2008 beging the client seated at craft/jewelry center. observed to attemp activity, but the clien objects from the table them. The staff mesay, "ok ok, you are should be noted that threw nearly hit Clie table behind him. At 10:46 AM, the state wanted to go to initially refused and hands and kick a chand left the craft/jew room. At 10:50 AM the music room. The one of his bibs off a After which, the clie music room and exiback door. At 10:52 observed with Clien member was observed with Clien member was observed with clien member was observed to be outside. A staff person were observed to leave the staff person assisting too hot to go outside went back to the music room and staff person assisting too hot to go outside went back to the music room and staff person assisting too hot to go outside went back to the music room and staff person assisting too hot to go outside went back to the music room and staff person assisting too hot to go outside went back to the music room and staff person assisting too hot to go outside went back to the music room and staff person assisting too hot to go outside went back to the music room and staff person assisting too hot to go outside went back to the music room and staff person assisting too hot to go outside went back to the music room and the roo	It to ensure a system/protocol ed at the day program to behaviors. Int #3 at his day program on uning at 10:43 AM revealed a table with staff in the At 10:45 AM, staff was to engage Client #3 in an interfused and picked up some ole and the floor and threw ember was then overheard to enot going to do no work." It is tone of the objects the client ent #2, who was seated at the east member asked Client #3 if the music room. The client was observed to bite his hair. The client then complied welry center to go to the music, the client was observed in the client was observed to take and throw it onto the floor. In the client was observed to leave the the day program using the 2 AM, the staff member was the day program using the 2 AM, the staff member was the day program again, but the day program and threw a chair.	W 124	The QMRP will ensure that system is maintained at the oprogram to address the beha concerns of client #3. Baseli is currently being collected f day period in the home as withe day program. During the survey the behavioral special contacted concerning the bed displayed and came out to the and held an emergency in-set training with staff concerning baseline data collection for collecting baseline data on the behaviors of concern. The Cwill ensure that the day program is curred to the QMRP for review. A behavior support will be implemented if warrant the end of the baseline per In the future the QMRP will that collaboration between the program and the home exist behavioral concerns are add as needed in a timely mannehome as well as in the day program individuals	day nvioral ne data or a 60 ell as in e list was haviors ne home rvice g lient rently ne DMRP gram is rd the or plan anted riod. ensure he day and ressed r in the rogram 7/02/08	

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W 124	staff member on client had a Beha day program. The the client had a plone of the day proit was revealed the discontinued. At facility failed to enbeen maintained a Client #3's behavious 483.420(c)(6) CO CLIENTS, PARENTHE facility must reparents or guardia changes in the client #3's in the client #3's parents or guardia changes in the client #	June 10, 2008 to ascertain if the vior Support Plan (BSP) at the estaff member indicated that an but through discussion with ogram's Activities Coordinators, at the BSP had been the time of the survey, the sure a system/protocol had at the day program to address ors. MMUNICATION WITH NTS & notify promptly the client's an of any significant incidents, or ent's condition including, but not illness, accident, death, abuse,	W 124				
Material School (1981)	Based on intervier failed to ensure particular of serious incident (Clients #1, #3, and The findings inclus Review of the fact 2008 beginning at 1. On May 26, 20 an incident involving report, Client #1 fall on his right signification of the port revision of the port of	lity's incident reports on June 9, 8:40 AM revealed the following: 08 a direct care staff reported ng Client #1. According to the lost his balance causing him to le." Continued review of the realed the client sustained a rug	² 판) 7).	W148 1. The QMRP will ensure to all legal guardians assigned court or family members at informed of all unusual incept that occur in a timely many medical guardian for client been informed of the incide occurred and has come out home to review records and with client #1. In the future QMRP will ensure that all guardians assigned by the of family members are informunusual incidents with 24 htheir occurrence	by the re idents ner. The #I has ent that to the d visit e the legal court or ned of all nours of		

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W 148	(QMRP) on June 9 revealed Client #1 supervision twenty-Continued interview client was not supermale staff when he was directed to go preparation of the foothe QMRP, in the staffing support, showith a female staff. discussion with QM #1did not respond was "tall in stature him." Additionally, revealed that "male falling." Note: Interview with at 8:30 AM revealed guardian. At the tirrifacility failed to provilegal guardian was incident. 2. On January 9, 2 involving Client #6. #6's blood pressured transported to the evaluation. Interview 2008, beginning at #6 had legal guardian at #6 had legal guardian.	, 2008, beginning at 9:30 AM received 1:1 male staff four hours each day. It with the QMRP revealed the existed by his assigned 1:1 fell because the 1:1 male staff outside and assist with the facility's cook-out. According a absence of the male 1:1 he assigned Client #1 to work It should be noted that IRP further revealed that Client well to female staff because he and the females can't handle discussion with the QMRP as are able to keep him from the QMRP on June 9, 2008 deceived Client #1 had a legal me of the survey however, the wide evidence that Client #1's notified of the aforementioned 008, staff reported an incident According to the report, Client was elevated and he was emergency room for with the QMRP on June 9, 8:30 AM revealed that Client an. At the time of the survey, mented evidence that Client was notified of the	W 148	W148 2. The QMRP will ensure the all legal guardians assigned he court or family members are informed of all unusual incided that occur in a timely manned medical guardian for client #been informed of the incident occurred and has come out to home to review records and with client #6. In the future QMRP will ensure that all leguardians assigned by the cofamily members are informed unusual incidents with 24 house their occurrence	ents r. The 6 has t that o the visit the gal urt or d of all urs of	
W 159	483.430(a) QUALIF RETARDATION Pf Each client's active		W 159	pame 全工作中的37 · · · · · · · · · · · · · · · · · · ·		*** (****)
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W 159	qualified mental refundation of the standard o	ated and monitored by a cardation professional. is not met as evidenced by: and record review, the facility at each client's active treatment rated, coordinated and evalified Mental Retardation P).	W	159	W159 1. The QMRP will ensur parents/guardians are no serious reportable incide 24 hours of their occurre W148)	otified of onts within once. (See07/08/08 The that each once07/01/08 The that data duals in the otired. (See	
W 189	[See W249] 3. The QMRP faile collected in the forr [See W252] 4. The QMRP faile Human Rights Conreviewed/approved Clients #2 and #3. 483.430(e)(1) STA	Behavior Support Plans for [See W262] FF TRAINING PROGRAM ovide each employee with g training that enables the	W 1	189	4. The QMRP will ensur human rights committee review/approve the curre behavioral support plan #1 and client #2. In the f human rights committee review/approve at least a the behavioral support p individuals who reside in (See W262)	will ent for client future the will innually lans for all ithe home.	
200 L	efficiently, and com This STANDARD in Based on interview	rm his or her duties effectively, petently. s not met as evidenced by: and record review, the facility t each employee was provided	St.,		ing the second s	ু হাধনগৃহ শ্বিলেগ ই ১০	ب چه د

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W 189	with initial and contituent to perform the and competently. The findings include [Cross Refer W148 incident reports on incident involving C According to the recausing him to fall of review of the incide sustained a rug bur. Review of the correst May 26, 2008) on Journ Prevealed that as a recommendation with 1:1 job descript interview with the Charles and review of the Client 24 hours a day to a (unsteady gait) and the facility's incident and review of the farecords on June 9, the inservice had not time of the survey, staff were trained on Client #1 as recommendation that the comprehensive identify the client's subhavioral*manage.	inued training that enabled eir duties effectively, efficiently, effic	W 18	The QMRP will ensure the everyone in the home is ron the 1:1 job description #1. The in-service training place on 06/19/08 and it wexplained to staff that clies should work with male sto because of his stature and ambulation issues of an urgait. Everyone in the host trained as well as the fembecause emergency situated occur within the home. On the schedule client #1 is assigned extension the staff. The job description and the staff is a sample of the staff is a sampl	e-trained i for client ing took vas ent #1 aff i his insteady me was tales tions do On the gned to ription was i discussed. old that is reach of is in the aff with or an on- The 1:1 int #1 has ed from intil isive OMRP ob all i to feel ipport staff is uture the appropriate ient #1 and	
	- -	s not met as evidenced by:	,	times		

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W 214	Based on observatoreview, the facility comprehensive fubehavioral needs clients (Client #3) The findings inclusion of Clients at the facility of the client was observed in the client was observed in the client appear began to push/through discussion his back. [Cross Refer W12 his day program of 10:43 AM reveale leaving/attempting outside. Interview program staff menascertain if the client (BSP) at the member indicated through discussion Activities Coordinated through discussion Activit	ation, interview and record failed to ensure a inctional assessment of was conducted for one of three included in the sample. de: de: de: de: de: de: de: d	W 214	W214 The QMRP will ensure to comprehensive function assessment is completed #3 by the behavioral spethe QMRP. Client #3 is being monitored closer I QMRP for active treatm involvement. Client #3 iengaged more in the con and going on community regularly. Support staff to take baseline data on behavioral concerns. The specialist will develop a support plan as deemed appropriate at the end of day period. In the future QMRP will ensure that comprehensive functions assessments are being cofor all individuals in the require the need for a comprehensive assessme address their behavioral management needs on an basis	al for client ccialist and actively by the eent s being munity walks continues his current the behavior behavior f the 60 re the mpleted home that	

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NAME OF P	PROVIDER OR SUPPLIER		103	ET ADDRESS, CITY, STATE, ZIP CODE 34 BURNS ST., SE ASHINGTON, DC 20019		
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W 214	and record review of provide evidence of the provide evidence of the provide every manager and at aggressive. At the failed to provide every comprehensive as behavior manager 483.440(c)(4)(i) INIThe objectives of the provide evidence of the provide evidence of the provide evidence of the provide evidence of the providence of the provi	on June 10, 2008, failed to f the aforementioned BSP. Jucted with facility staff that of to bother the client, refuses to participate in an aff revealed the client would times may become time of the survey, the facility idence that Client #3 had a sessment to address his nent needs. DIVIDUAL PROGRAM PLAN the individual program plan parately, in terms of a single	W 214	W229 The QMRP will ensure that a self-medication program for #1 is listed on his individual program plan and that the objective identifies a single behavioral enter a TM CO	client	
	Based on observat review, the facility f documented in the were stated separate behavioral outcome (Client #1) included. The finding include Observation of the administration on Japproximately 5:25 Medication Administrevealed Client #1 for which data was	evening medication une 9, 2008, beginning at PM and review of the stration Record (MAR) had a self medication program being collected. The program the client was required to	· 84-44 <u>张</u> 公公公公	behavioral outcome. The QN and the RN Coordinator will review data collection on a webasis. The RN Coordinator inserviced the nursing staff or implementation of client #1 semedication program with a si outcome. All self-medication programs will be reviewed by RN for all individuals in the h to ensure there is one single behavioral outcome identified the future the QMRP will ensure that all self-medication programe listed on the individual suplan for each individual and voidentify a single behavioral outcome for each individual	eekly n the elf- ingle the tome l. In ure ams pport	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		09G071	B. WING	G	06/1	1/2008
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1034 BURNS ST., SE WASHINGTON, DC 20019		
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W 229	Client #1 will be give time to complete the for his medication. Pour water for medicand place in his medical place in his medical place in his medical place in his medical place.	ven 3 verbal cues 100% of the ne following steps to prepare regime: 1) Wash his hands, 2) dication, 3) Take medication outh 4) Drink water from cup, in the sink or trash every 6:00 PM and 7:00 PM for 12	W 2	29		
W 249	for the month of Jurequired hand over the tasks of washin water. At the time failed to ensure Cliself-medication promaking certain that single behavioral of	Client #1's data collection form the 2008 revealed the client in hand assistance to complete ing his hands and pouring the e of the survey, the facility tent #1's IPP documented his ogram objective, separately, the objective identified a butcome. OGRAM IMPLEMENTATION	W 2	49		
	formulated a client each client must re treatment program interventions and s and frequency to s	erdisciplinary team has 's individual program plan, eceive a continuous active consisting of needed services in sufficient number upport the achievement of the d in the individual program		W249 The QMRP will ensure the recommended goals and of are implemented as recommended in the future the QMRP will be monitor active treatment documentation on a week and ensure that all recommended in the properties of the control of the properties of the properti	bjectives imended. vill y basis mended ch	
	Based on interview failed to ensure ea active treatment se	is not met as evidenced by: y and record review, the facility ch client received continuous ervices, for one of the three ncluded in the sample.		individual are written on individual program plan a documented as recommen monthly basis. The QMR review documentation mo make necessary revisions for all goals and objective individual	and Ided on a P will Inthly and as needed Inthly ac	n

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A. BUILDING			(X3) DATE SURVEY COMPLETED	
		09G071	B. WIN	VG _		06/1	1/2008
NAME OF P	ROVIDER OR SUPPLIER			1	REET ADDRESS, CITY, STATE, ZIP CODE 034 BURNS ST., SE VASHINGTON, DC 20019		
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W 249	Review of Client #3 2:5M revealed the of Support Plan (ISP) Interview with the Cl Professional (QMRI further review of Client the time of the IS interdisciplinary teal objectives including Given verbal prompt appropriately 80% of consecutive months Further interview with the client's records the aforementioned initiated/implemented 483.440(e)(1) PROG Data relative to accesspecified in client in	's records on June 10, 2008 at client had an Individual dated December 18, 2007. Equalified Mental Retardation P) on May 29, 2008 and ent #3's record revealed that P meeting, the m recommended program the following: Sts, Client #3 will use the toilet of the trials for three s. th the QMRP and review of failed to provide evidence that program objective had been	W 2				
	Based on interview failed to ensure that form and required fr	s not met as evidenced by: and record review, the facility data was collected in the requency, for one of three cluded in the sample.					
计相对程序 经营销额收益	Professional (QMRI record on June 11,	ualified Mental Retardation P) and review of Client #2's 2008 at 10:32 AM, revealed dividual Support Plan (ISP)	2-47 (EK 1887)		egge en	me QP seeds	· 《《公司·安徽·范·李·》

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE S COMPL	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
W 252	following program for Client #2. 1. [Client's name] teeth twice a day (in evening) with verbathe time for six conserview of the ISP in collected for the objective daily after every manday after every manday 75% of the for six consecutive the ISP revealed the objective daily. 4. [Client's name] bed every Saturday prompts for six consecutive the objective daily. 4. [Client's name] bed every Saturday prompts for six consecutive the ISP revealed the objective daily. 5. [Client's name] during ADL activitic Continued review of the ISP in collected for the objective daily. 6. [Client's name] group activities we werbally prompted.	2008. At that time, the objectives were recommended will brush all surfaces of his n the morning and in the all prompts from staff 75% of asecutive months. Continued evealed that data was to be objective two times per day. will wash his hands 75% of the compts for six consecutive direview of the ISP revealed a collected for the objective	W 252	W252 The QMRP will ensure collected for all recome objectives in the form frequency required. It weroxed and placed all appropriate goals and the program book for collection by the supper the month of June 2008 the month of June 2008 the program book the survey began. In the QMRP and House May both be responsible for the books and systems checking each book for individuals on a daily ensure that the appropriate collection sheet is in put the data appropriate collected by the supposimplementing the prodesignated dates	amended and The QMRP If the If objectives in If data Out staff for Out the If t	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATÉ SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER		103	ET ADDRESS, CITY, STATE, ZIP CODE 34 BURNS ST., SE ASHINGTON, DC 20019	·	
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W 252	2008 failed to provi being collected for objectives during the Interview with the Corevealed that data for the programs, he survey, the facility of collected for the after form and frequency 483.440(f)(3)(i) PR CHANGE	collection record on June 11, de evidence that data was the aforementioned program ne month of June 2008. QMRP on June 11, 2008 was supposed to be collected lowever, at the time of the failed to ensure data was prementioned objectives in the required. OGRAM MONITORING & committee, involve risks to	W 262	W262 The QMRP will ensure that psychotropic medication is reviewed and approved by the Human Rights Committee pit's administration. The Human Rights Committee has discussive of the Topamax medicathat had been discontinued in neurologist. In the future the QMRP will review the physicorders weekly and monitor a consultation recommendation closely to ensure that the QM aware of all new medications administered for all individual.	he rior to man ssed the ation by the e cian all ons ARP is s being eals.	
erioque.	Based on observation review, the facility of psychotropic medicapproved by their H (HRC). The finding include Observation of the administration on J 5:25 PM revealed C including Topamax medication nurse dadministration reve		,	The QMRP will ensure that psychotropic medication recommended is reviewed by human rights committee pricadministration. Legal guard attorneys and family membe be invited to come to the mo psychotropic drug review/hurights committee meetings. human rights committee will ensure that any new medicat not implemented without the written informed consent of individuals legal guardian of member. In the future all leguardians, attorneys and famembers will be informed of new medications that are be recommended06/	y the or to its lians, ers will nthly man The l tion is e the r family gal nily f all	SMISS REAL

•	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER-	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE S COMPL	
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W 262	Professional (QMR PM revealed Client for a dual purpose. Client #2 received for seizures and be medical record on client began taking 2008. Review of the facilit (HRC) meeting mir PM revealed the lamay 22, 2008. At the facility failed to prophychotropic medical approved prior to it 483.440(f)(3)(ii) PRCHANGE The committee shour are conducted only consent of the client minor) or legal guar. This STANDARD Based on interview facility's specially censure that restrict after written conset of the three clients sample. The finding include	Qualified Mental Retardation P) on June 10, 2008, at 1:43 #2's Topamax was prescribed According to the QMRP, the aforementioned medication thaviors. Review of the client's June 10, 2008 revealed the the Topamax on May 29, by's Human Rights Committee the Topamax on May 29, ty's Human Rights Committee the Topamax on May 29, by's Human Rights Committee the Topamax on May 29, ty's Human Rights Committee the Topamax on May 29, by's Human Rights Committee the Topamax on May 29, ty's Human Rights Committee the Topamax on May 29, by Shuman Rights Committee the Topamax on May 29, by Shuman Rights Committee the Topamax on May 29, by Shuman Rights Committee the Topamax on May 29, by Shuman Rights Committee the Topamax on May 29, by Shuman Rights Committee the Topamax on May 29, by Shuman Rights Committee the Topamax on May 29, by Shuman Rights Committee the Topamax on May 29, by Shuman Rights Committee the Topamax on May 29, by Shuman Rights Committee the Client #2 by Shuman Rights Committee the Client #3 by Shuman Rights committee the Client #3 by Shuman Rights committee the Client #3 by Shuman Rights committee the Client #3 by Shuman Rights committee the Client #3 by Shuman Rights committee the Client #3 by Shuman Rights committee the Client #3 by Shuman Rights committee the Client #3 by Shuman Rights committee the Client #3 by Shuman Rights committee the Client #3 by Shuman Rights committee the Client's co	W 263	W263 1. The QMRP will ensure consent is obtained from t guardian assigned by the family prior to the admini of sedation for compliance medical appointments. In future the QMRP will ensure the legal guardian assigne court or family members a informed of the use of sedation for all individuals home. This issue will also reviewed prior to administ the human rights committed consent is obtained	he legal courts or stration e with the ure that d by the are ation of the s in the be tration by ee once	
	consent was obtain	d to ensure written informed ned from Client #3's legal dministering sedations.	er a _j de geme	. · · · · · · · · · · · · · · · · · · ·		er e

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W 263	charge nurse and re June 10, 2008 reve sedation (Ativan 3 redical appointment Ophthalmology). Interview nurse and review of 10, 2008, at 3:39 Plane and review of 10, 2008, at 3:29 Plan	24) Interview with the facility's eview of Client #3's records on aled the client received mg) for compliance with two ints (Audiology and terview with the Qualified Professional (QMRP) on June and additional record review was not capable of giving or the use of medications and in the QMRP further revealed all guardian to assist him in a with the facility's charge if the client's record on June in Micror compliance with the dical appointments. The edithat consent from the legal en obtained prior to the use in to ensure written informed the from Client #2's legal ministering psychotropic unalified Mental Retardation in P) on June 10, 2008, at 1.43 #2's Topamax was prescribed According to the QMRP, the aforementioned medication mavior. Additionally, the at the facility had received a intinue the client's Topamax.	W 2		W263 2. The QMRP will ensure that written informed consent is obtained prior to the administration of any psychotropic medication. The mother of client #2 has sig consent for the use of the psychotropic medication. In the future the QMRP will ensure the written informed consent is obtained from the legal guardicassigned by the courts or family member prior to the administer of the psychotropic medication. The issue of restarting of any medication will also be reviewed prior to administration by the human rights committee once the written informed consent has be obtained	ering n. ned ne hat an y ring . ed	
¥.	Continued interview	ntinue the client's Topamax. with the QMRP and review of Support Plan (BSP) dated	*E**		ere o en la Mathema y la		er s

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W 263	March 26, 2008 ver discontinued on Ma Review of the client 2008 revealed a wr May 29, 2008 to "re Topamax 25 mg bid x 2 week, then of the survey, there the legal guardian hrestart of the psych	rified the Topamax was	W 263		ess 1 the RN	
W 331	This STANDARD is Based on observation review, the facility's ensure that each clin accordance with three clients (Client The finding included Observation throug Client #3 utilized bill drooling. Interview Client #3's June 20 on June 11, 2008 represcribed Hydroxy The nurse further in had been initially according to the service of the s	ovide clients with nursing ince with their needs. s not met as evidenced by: ion, interview, and record in nursing services failed to ient received nursing services their needs, for one of the target in the sample.	W 331	management care plan by the RN Coordinator during the ISP and quarterly reviews. The specific concern of drooling for client #3 has been addressed in the health management care plan under the nutrition issue because of the issue of hydration. The issue of drooling will be addressed along with documented information about how his excessive drooling will be monitored and treated. The issue of the increase in the Hydroxyzine was discussed with the pharmacist and the team at the human rights committee meeting. The Hydroxyzine has been increased and client #3 will be monitored closely over the next several months. In the future the QMRP in collaboration with the RN Coordinator will ensure that all specific concerns including risk management procedures will be addressed in the health care management plan along with how		
* * · ·		urse revealed that the client's	os:	the issue will be monitored treated06/		i va vez

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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W 331	Review of the Clienat 4:37 PM revealed Management Care 2007. The HCMP, Registered Nurse, including risk areas concerns, and risk Further review of the document any information drooling was being On June 11, 2008, with the facility's Liston ascertain information drooling was being reviewed with the reviewed with the result of the plan. At the time the management of the plan. At the time the management of the plan and the plan are t	ant #3's record on June 10, 2008 and the client's Health Plan (HMCP) dated August 1, that was completed by the documented information is or conditions, specific management procedures. The plan however, failed to rmation about how the client's addressed. The HMCP was treated. The HMCP was hourse and it was verified that of the drooling was not a part of the of the survey, the facility's failed to ensure Client #3 had a MCP that documented now his excessive drooling was	W 33	W368 The QMRP will ensure medication recommend physicians order will be administered as docum	led on the e ented. The	
W 368	Registered Nurse section of the passed on interview failed to consume that administered in consumer that administer that a section of the passed on the pa	submitted a new HCMP that ecific concern" of drooling in plan entitled, "Nutrition." IG ADMINISTRATION g administration must assure dministered in compliance with	W 36i	QMRP collaborating to review and monitor the physician's orders and orders as they are given that all medication is of administered as ordere manner for all individu	onday as resicians e Charge r and the ogether will e written any new n to ensure btained and d in a timely uals in the	gar (1872)

PRINTED: 07/01/2008 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER-		1' '	ULTIPI LDING	LE CONSTRUCTION	COMPLETED		
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W 368	2008, beginning at Order (POS) dated the POS, the physical administered in bodays. Further review revealed a written prescribed Debrox in each ear every Monday as prescribed Debrox in each ear every Monday ear every ear every Monday ear every ear every Monday ear every ea	s: I's medical record on June 11, 3:56 PM revealed Physician's March 3, 2008. According to cian prescribed Debrox to be th ears twice a day for fourteen ew of Client #1's record POS dated April 8, 2008 that Otic 5 drops be administered	W	368			
·			-			·	·
		and the state of t			Section with the Page	vie	Park (graph)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIES IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		HFD03-0023	•	B. WING		06/11/2008
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, ST	ATE, ZIP CODE	
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I 000	9, 2008, through Ju sample of three res residential population retardation and other findings were based home and at one de	ey was conducted from the sidents was selected on of six males with rer disabilities. The siden on observations in ay program, interview noluding unusual inci	om from a nental urvey the group vs, and a	1 000		
I 090	reports. 3504.1 HOUSEKEEPING The interior and exterior of each GHMRP shall be maintained in a safe, clean, orderly, attractive, and sanitary manner and be free of accumulations of dirt, rubbish, and objectionable odors.			I 090		
, e New Apo	Based on observation failed to ensure the maintained in a saft sanitary manner. The findings include Observation and in Manager during the on June 11, 2008, revealed the following Room The carpet on the limprint in the middle ottoman was torn experted.	terview with the House e environmental walk at approximately 3:3°	e GHMRP was active and se through I PM an iron	<i>y</i> . 75.	3504.1 Living Room The carpet in the living room dining room has been ordered is being replaced. The ottom removed from the facility. If future the QMRP and House Manager will ensure that room aintenance checks are com weekly and findings docume and reported to the provider furniture and carpeting will replaced in a timely manner needed07/1	ed and lan was n the e utine lpleted nted . All be as
	Bathroom					07/10/09
Health Regu	lation Administration					- (Ve) DATE

Transparent QUEPO If continuation sheet

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA iDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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I 090	Continued From pa	age 1		1090				
	The cup dispenser in the first floor bathroom had been removed from the wall, however, the dispenser's arms were left attached to the wall. The attachment was protruding from the wall posing a potential safety hazard. Kitchen 1. The right front burner on the facility's stove was inoperable. 2. The arm that prevents the frozen food from falling was missing from the freezer. 1 206 3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician 's certification that a health inventory has been performed and that the employee 's health status would allow him or her to perform the required duties.			3504.1 Bathroom The cup dispenser in the fit bathroom arm has been refrom protruding from the the future maintenance che completed weekly by the and House Manager. All maintenance concerns will addressed in a timely manifuture	emoved wall. In ecks will e QMRP be			
I 206			1 206	3504.1 Kitchen The right front burner on thas been replaced. The arrifreezer door has been order the future the QMRP with assistance of the House Marwill ensure that all mainten concerns are addressed in a manner by completing weel routine maintenance checks	n for the red. In the nager ance ı timely kly			
	Based on interview GHMRP failed to er prior to employmen provided evidence of that documented a performed and that	met as evidenced by: and record review, the nsure that each emploit and annually thereat of a physician's certific health inventory had le the employee's healt her to perform the reco	ne oyee, ifter, ication been th status		home			
	The finding includes	s:						
	Interview with the F	acility Coordinator on	June 11,					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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1 206	Continued From pa	ntinued From page 2 08, and review of the GHMRP's personnel						
	records on June 9, 11, 2008, at approx the GHMRP failed t	f the GHMRP's perso 2008, (11:10 AM) an imately 4:00 PM reve to provide evidence th icates were on file fo	d June ealed that hat		3509.6 Personnel Policies The QMRP will ensure th health certificates are cur updated in a timely mann direct care staff. The out health certificates for the	rent and er for all standing two staff		
I 376		CIES notify promptly the rekin, and sponsor of the		1376	In the future			
	Based on interview, GHMRP failed to er notified of serious in	met as evidenced by and review of the re asure parents/guardia acidents, for three of s #1, #3, and #6) res	cords the ans were the six		r ng their e for the .07/10/08			
	The findings include) :						
		y's incident reports or :40 AM revealed the	n June 9,					
	an incident involving the report, Resident him to fall on his rigi	B a direct care staff regarded in the client sugar right cheek.	ording to causing eview of					
	(QMRP) on June 9, revealed Resident a supervision twenty-f Continued interview client was not super	ualified Mental Retar 2008, beginning at 9 #1 received 1:1 male our hours each day. with the QMRP reve vised by his assigned fell because the 1:1 r	:30 AM staff aled the d 1:1		Cons	is green	· ·	

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		A. BUILDII		(X3) DATE SURVEY COMPLETED	
		HFD03-0023		B. WING _		06/11	1/2008
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
BRA			1034 BUR WASHING	RNS ST., SE STON, DC 2	: 20019		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE: MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
I 376	Continued From pa	ge 3		1376	3519.7		
	preparation of the fato the QMRP, in the staffing support, she work with a female discussion with QMR Resident #1 does not because he is "tall in can't handle him." the QMRP revealed him from falling." Note: Interview with at 8:30 AM revealed guardian. At the time		ccording e 1:1 #1 to oted that that male staff nales sion with e to keep e 9, 2008 legal ever, the		Emergencies The QMRP will ensure that everyone in the home is re-to on the 1:1 job description fo #1. The in-service training t place on 06/19/07 and it was explained to staff that client should work with male staff because of his stature and hi ambulation issues of an unst gait. Everyone in the home trained as well as the female because emergency situation occur within the home. On t schedule client #1 is assigned male staff. The job descriptithoroughly reviewed and dis Assigned 1:1 have been told QMRP that they are to be w	r client ook #1 s eady was s s do the l to ion was cussed. by the	
l 401	involving Resident # Resident #6's blood he was transported evaluation. Interview 2008, beginning at 8 Resident #6 had leg the survey, there wa		report, ated and om for June 9, at time of /idence notified of	l 401	arms reach of all 1:1 at all ti They are not to leave their individual for any reason as are the assigned 1:1 and will held accountable if any incid occurs. BRA is in the proces hiring male staff with experi this field for an on-call pool every home. The medical gu has been informed of the inc on 06/26/08 and has come ou home to review the records. future the QMRP will ensure appropriate staffing is in pla	they be ent s of ence in for ardian ident t to the In the	
tt sit and	Professional service and evaluation, includevelopmental levels services, and service deterioration or furth resident.	s and needs, treatme es designed to preve	ent	" - too a green .	appropriate statting is in pla client #1 and all other 1:1 in home at all times. The QMR also ensure that all legal gua assigned by the courts or fan members are notified within hours of any incident occurr all individuals07/6	the IP will rdians nily 24 ing for	Ziji (M. AM) zwe

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIEF AND PLAN OF CORRECTION IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
		HFD03-0023		B. WING		06/11/	2008	
NAME OF F	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
BRA				IRNS ST., SE IGTON, DC 20019				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
1 401	This Statute is not Based on observatireview, the GHMRF services included the developmental level treatment services (Resident #3) included. The findings included the findings included the findings included. The findings included the findings included the services of Resident for the saliva. The nure of the saliva. The nure of the saliva. The nure of the finding f	met as evidenced by ion, interview and reconstruction of elicitication one of the three elicitication one of the survey, revelopment of elicitication on the elicitication of elicitication on the elicitication of eliciti	ealed his hurse and ician's ed the decrease that the ered urvey date. Wealed ed. June 10, s Health August 1, by the ation fic dures. ed to be d.	1401	Emergencies The QMRP will ensure the legal guardians assigned be court or family members a informed of all unusual in that occur in a timely man medical guardian for clies been informed of the incic occurred and has come or home to review records a with client #6. In the futu QMRP will ensure that a guardians assigned by the family members are informusual incidents with 24 their occurrence	y the are cidents aner. The at #6 has lent that at to the and visit are the all legal e court or med of all a hours of		
	with the facility's Lic to ascertain information drooling was being reviewed with the nather management of	an interview was concensed Practical Nur ation about how the treated. The HMCI urse and it was verifulated the fithe drooling was not be of the survey, the	rse (LPN) resident's was ried that of a part of		to and the second of the secon	in was bandan in the .	"	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
HFD03-0023		B. WING_		06/11/2008					
			STREET AD	DRESS, CITY,	STATE, ZIP CODE				
				IRNS ST., SE IGTON, DC 20019					
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l 401	Continued From pa	ge 5		I 401					
	had a comprehensi information about h to be monitored and Note: At the end of Registered Nurse s documented a "spe	ailed to ensure Residue HMCP that documed with the excessive drought treated. The survey, the facilial ubmitted a new HCN cific concern of drought entitled, "Nutrition and entitled,"	nented poling was ty's IP that bling in		The QMRP will ensure that all specific concerns are address appropriately in the health management care plan by the RN Coordinator during the ISP and quarterly reviews. The specific concern of drooling for client #3 has been addressed in the health management care plan under the				
I 422	and assistance to re the resident's Indix This Statute is not Based on interview GHMRP failed to er assistance was pro- accordance with the Plan(s), for one of the #3) included in the se The finding includes Review of Resident 2008 at 2:5M revea Individual Support F 18, 2007. Interview Retardation Profess 2008 and further re- revealed that at the	provide habilitation, esidents in accordance vidual Habilitation Plasmet as evidenced by and record review, the sure habilitation, traivided to its residents eir Individual Habilitation the three residents (Resample. #3's records on June led the resident had Plan (ISP) dated Decrewith the Qualified Mesional (QMRP) on Mayiew of Resident 3's time of the ISP meem recommended pro	training ce with an. The ining and in tion tesident ember ental ay 29, record ting, the	1422	management care plan under the				
-		nts, Resident #3 will u 30% of the trials for the			e e e e e e e e e e e e e e e e e e e				

Health Regulation Administration STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
HFD03-0023				B. WING _		06/1	06/11/2008		
			STREET AD	ADDRESS, CITY, STATE, ZIP CODE					
			1034 BURNS ST., SE WASHINGTON, DC 20019						
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I 422	Continued From pa	ige 6		1 422					
	Continued From page 6 Further interview with the QMRP and review of the resident's records failed to provide evidence that the aforementioned program objective had been implemented.			The QMRP will ensure that all recommended goals and objectives are implemented as recommended. In the future the QMRP will monitor active treatment documentation on a weekly basis and ensure that all recommended goals and objective for each individual are written on the individual program plan and documented as recommended on a monthly basis. The QMRP will review documentation monthly and make necessary revisions as needed for all goals and objectives for each individual					
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Health Regulation Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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			DRESS, CITY, STATE, ZIP CODE					
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R 000	INITIAL COMMENTS			R 000				
	9, 2008, through Ju sample of three res residential population retardation and other findings were based home and at one di	ey was conducted from 11, 2008. A rand sidents was selected on of six males with the disabilities. The sident on observations in ay program, interview notuding unusual inc	from a from a mental urvey the group vs, and a					
R 125	4701.5 BACKGROUND CHECK REQUIREMENT			R 125				
	criminal history of the contract worker for in all jurisdictions we employee or contra	round check shall di he prospective emplo the previous seven (vithin which the prosp act worker has worke seven (7) years prior	oyee or (7) years, sective d or					
	Based on interview GHMRP failed to el checks disclosed tr prospective employ previous seven (7) which the prospecti	met as evidenced by and record review, to and record review, to an are criminal backgone criminal history of the criminal history of the cortact worked years, in all jurisdictive employee or contact worked or resided within the echeck.	he fround any er for the ons within tract	·				
	The finding include	s:						
a Augu	2008, and review o records on June 9, 11, 2008, at approx the GHMRP failed criminal backgroun	Facility Coordinator of f the GHMRP's person 2008, (11:10 AM) are kimately 4:00 PM revon to provide evidence to d checks were on file year history of all the	onnel nd June ealed that that e and	ं तम् । हुन्तः ।			, magag	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

U1TX11

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
		HFD03-0023				06/1	1/2008	
NAME OF PROVIDER OR SUPPLIER					STATE, ZIP CODE			
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R 125	Continued From pa	ge 1	•	R 125				
	Continued From page 1 jurisdictions where the employee resided and worked for three staff.			The QMRP will ensure that all staff hired have a criminal background check for the jurisdiction in which they lived and worked within the seven years prior to their check. The Facility Coordinator has reviewed the records for all the staff that work for BRA. Letters went out to each of the staff requesting the document from Global Investigations. Anyone not having the global done by the 10th of June 2008 will be taken off the schedule and cannot work for BRA until the document is received. In the future the QMRP in collaboration with the Facility Coordinator will ensure that anyone considered for employment for BRA provides evidence that a criminal background check with disclosure for a seven year history of all the jurisdictions where they resided and worked to be placed on file in their records07/10/08				
	- set!	(E) (1)			E 41 fe			

Behavioral Research Associates, Inc. 4288 ½ Southern Avenue, S.E. Washington, D.C. 20019 (202) 575-3840



2008 JUL 10 P 3: 08

To:

Patricia W. Van Buren

Program Manger

Immediate Care Facility Division Health Regulation Administration

From:

Linda Graham Chron Toron

QMRP Coordinator

Behavioral Research Associates, Inc.

Date:

July 10, 2008

Subject:

Statement of Deficiencies for Burns Street Facility

Enclosed are the statement of deficiencies reports for the federal certification and licensure for the Burns Street Facility Medicaid survey. The plan of correction has been signed and dated.